

<b>EPA</b> United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
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**Application for Pesticide - Section I**

1. Company/Product Number 71185-5	2. EPA Product Manager Hope Johnson	3. Proposed Classification  <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) EAC Oxytetracycline Manufacturing Use Product	5. PM# 21	
5. Name and Address of Applicant (Include ZIP Code) Geo Logic Corporation P.O. Box 3091 Tequesta, FL 33469  <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(I), my product is similar or identical in composition and labeling to:  EPA Reg. No. _____ Product Name _____

**Section II**


<input checked="" type="checkbox"/> Amendment - Explain below.  <input type="checkbox"/> Resubmission in response to Agency letter dated _____  <input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____  <input type="checkbox"/> "Me Too" Application  <input type="checkbox"/> Other - Explain below.
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Explanation: Use additional page(s) if necessary. (For section I and Section II.)  
 Submission of an amendment to add a new alternate source #4.

**Section III**

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No  <b>*Certification must be submitted</b>	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes"      No. per Unit Packaging wgt.      Container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes"      No. per Package wgt.      Container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) Plastic Bag
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Can <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

**Section IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name James Messina	Title Authorized Representative	Telephone No. (Include Area Code) 202-772-4932
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received <b>(Stamped)</b>
2. Signature BY: 	3. Title Authorized Representative	
4. Typed Name: James Messina	5. Date: February 20, 2018	